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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR		ATTO	RNEY DOCKET NO.	co	ONFIRMATION NO.	
10/808,813 TITLE OF INVENTION	03/25/2004 E: DEVICE FOR MONT	FORING THE ADMINIS	Mark L. Adams TRATION OF ENTER	RAL	NUTRITIONAL I	FLUIDS	82076 3 INTO A FEEDING	TUBI	6592 E	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	Т	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810		03/16/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	\neg						
BOUCHELLE, LAURA A		3763	604-131000	_						
1. Change of correspond CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A	2. For printing on the paster front page, list (1) the aimset on the 0 1s eightered patter attorneys or agents OR, alternatively, (2) the name of a ningle firm thaving as a member a registered attorney or agent) and the names of up to 2 registered parternationersy or agents. If no name is listed, no name with be printed.									
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled frecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) BOSTON SCIENTIFIC SCIMED, INC. MAPLE GROVE, MINNESOTA										
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):		Individual 🖾 Co	orporati	on or other private gr	oup er	ntity Government	
Advance Order -	o small entity discount j	permitted)	b. Payment of Fee(s): (A check is enclose Payment by credit The Director is he overpayment, to E	ed. t care	1. PS###PT0K2038	r assesses	disk.			
 Change in Entity Sta a. Applicant claim 	tus (from status indicate is SMALL ENTITY stati		☐ b. Applicant is no	long	er claiming SMA	LL ENT	TITY status. See 37 C	FR 1.	27(g)(2).	
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